

Pressure Ulcer

Measuring Pressure Ulcer Rates:

According to AHRQ to improve on pressure ulcer prevention it is key to regularly monitor three things:

an outcome measure; pressure ulcer prevalence rates

process measures; at minimum one or two care process, a skin assessment and/or standardized risk assessment

Key aspects of the infrastructure to support best care practices, having defined responsibilities on oversight of accuracy of care processes.

Monitoring and collecting prevalence rates:

To calculate prevalence rates you need to know *who* has a pressure ulcer and *when* it developed on the patient. Best practice would be to calculate your prevalence rate on a monthly basis. When performing this calculation you will want to consider ulcers that are Stage II or greater. The rate calculation is listed below:

Numerator: # of unique patients with a pressure ulcer Stage II or greater

Denominator: # of patient on the unit or within the facility (depending on your sample) during that month being calculated.

Rate = (Numerator/Denominator) * 100

Example: 10 unique patients with a pressure ulcer / 400 total patients = 0.025 * 100 = 2.5%

Once you begin to monitor your prevalence rates, you now have the data needed to implement quality improvement efforts in this area. You will want to identify key staff and stakeholders in pressure ulcer prevention, identify what is leading to the occurrence of pressure ulcers and perform a root cause analysis on preventing future pressure ulcers. This coupled with ongoing prevalence studies you will be able to determine if your improvement efforts are successful.

I have attached two examples of Pressure Ulcer Prevalence Studies for your reference.

Why is it important to measure a care process?

Measuring prevalence rates alone will not tell you how to improve care, only that you need to improve care. By measuring a care process, you will be able to identify where your quality improvement efforts should be focused to improve prevalence rates. It is recommended that you should initially be monitoring at minimum one but no more than three processes of care.

These could include any of the following:

Performance of a comprehensive skin assessment within 24 hours of admission

Performance of standardized risk assessment within 24 hours of admission

Performance of care planning that addresses the risks identified in the risk assessment

You can obtain this data multiple ways that include but are not limited to direct observations, staff surveys and medical records reviews.

For tools to aid in measuring care processes click [here](#).



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Care Processes in Preventing Pressure Ulcers:

There are three critical care processes in preventing pressure ulcers:

- Comprehensive skin assessment
- Standardized pressure ulcer risk assessment
- Care planning and implementation to address areas of risk

Comprehensive Skin Assessment:

A comprehensive skin assessment is a skin examination looking for abnormalities and would require looking and physically touching the skin from head to toe. This should include:

- Identifying any pressure ulcers that may be present
- Assist in risk stratification
- Determine if other skin lesions and other skin related factors predispose the patient to pressure ulcer development
(example: moisture-associated skin damage (MASD) or excessively dry skin)
- Identify other important skin conditions
- Provide the necessary data to calculate pressure ulcer prevalence

For elements of a comprehensive skin assessment and prevention pathway click [here](#).

Standardized Pressure Ulcer Risk Assessment:

The pressure ulcer risk assessment is a standardized and ongoing process that is aimed at identifying patients who are at risk for developing a pressure ulcer. The risk assessment does not specifically identify who *will* develop a pressure ulcer, but rather who is *more likely* to develop a pressure ulcer. Using this tool allows you to target preventive care with a patient to address these areas and reduce the risk of developing a pressure ulcer. The assessment in an acute care setting is performed upon admission, daily and/or with a significant change in condition.

There are different scales that can be utilized when performing a risk assessment, two of those are the [Norton Scale](#) and the [Braden Scale](#).

Care Plan:

Based off the skin assessment and risk assessment an individualized care plan should be developed and reviewed with each individual patient and or their caretaker/family addressing all of the needs identified in the risk assessment.

For a sample care plan click [here](#).

Nutrition and Pressure Ulcer Management

The attached white paper discusses the important role that nutrition and hydration play in preserving skin, tissue viability and in supporting tissue repair for pressure ulcer healing. Research investigating relationships between nutrition and wounds tend to focus on Pressure Ulcers. The white paper reviews the 2014 National Pressure Ulcer Advisory Panel, European Pressure Ulcer Advisory Panel, and Pan Pacific Pressure Injury Alliance Nutrition Guidelines and discusses nutrition strategies for Pressure Ulcer Management.



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References:

Preventing Pressure Ulcers In Hospitals | Agency For Healthcare Research & Quality". *Ahrq.gov*. N.p., 2011. Web. 15 Mar. 2017.

Posthauer, M., Banks, M., Dorner, B., & Schols, J. (2015). The Role of Nutrition for Pressure Ulcer Management. *Advances In Skin & Wound Care*, 28(4), 175-188. <http://dx.doi.org/10.1097/01.asw.0000461911.31139.62>